								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOIL Effective January 1, 2003								j		[]		620	008
CLAIMS AS EILED DART I													
		CLAINS AS	(Colum	lumn 1) (Column 2)				TYPE			OR	OTHER SMALL	
TOTAL CLAIMS			20						RATE FEE			RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	RA BA		FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			て ^o minus 20=		*	2		X\$ 9=		OR	X\$18≈		
INDEPENDENT CLAIMS			3 minus 3 =		*	0.	X4:		=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PR			RESENT				+140=				OR	+280≈	
* If	the difference	in column 1 is	less than a	s than zero, enter "0" in column 2				TOTAL		OR	TOTAL	750	
10 ACLAIMS AS AMENDED - PART II									•			OTHER	THAN
X	1001	(Column 1)	(Column 2)			(Column 3)		SMALL			OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATI	E	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 6	Minus	1-24	2	-(B)		X\$ 9	= -		OR	X\$18=	
	Independent	* 4	Minus	***	5	4//		X42	7		OR	X84=	
Ù	FIRST PRESE	NTAT(ON OF M	JLTIPLE DE	PENDENT	CLAIM		ן ו	+1/40	_		OR	+280=	
								/ TO			OR	TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)		ADDIT. F	EE		On	ADDIT. FEE	
B		CLAIMS		HIGH	IEST		1 1		_	ADDI-			ADDI-
AMENDMENT E		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATI	Ξ	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	
	Independent	*	Minus			=		X42:	=		OR	X84=	
	FINST PHESE	NTATION OF MI	JETIPLE DE	PENDEN	CLAIM		1	+140	=		OR	+280=	
						•						L	
		(Column 1)		(Colum	mn (1)	(Column 2)		addit. F	EE I		J ON	ADDIT. FEE	
		CLAIMS		(Colur	IEST	(Column 3)	1 1			4001		<u> </u>	4001
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9	a a		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=				X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_ -	\dashv		OR		
+140= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE													
		nber Previously Pa					er fou	ind in the	app	propriate box	k in co	iumn 1.	